**CLONES AC SENIOR MEMBERSHIP FORM 2022**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| For club use, club officials please tick boxes as completed.: | Date Paid |  | AAI Registration |  | Database |  |

### ATHLETE - PERSONAL DETAILS:

Athletes name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_

Home Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*When you become a member of or renew your membership with Clones Athletics Club you will automatically be registered as a member of Athletics and in order to facilitate this, we will provide Athletics Ireland with your personal data on their secure online membership database. This data will be used for competition entries to national/regional competitions and to track your membership of the club.*

**NEXT OF KIN – Contact if Required**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL DETAILS:**

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state if you suffer from any medical conditions e.g. Asthma, Allergies, Bronchitis, Diabetes, Epilepsy, etc.?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state if you are taking medication and specify? (If yes, please ensure that you bring the necessary medication to training and competitions)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you feel the coaches should be aware of (other special needs, requirements or directions)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently hold a certification in **FIRST AID**? Yes \_\_\_\_ No \_\_\_\_

If Yes, to what level? (i.e. basic, advanced, occupational) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you **ASIST** trained? (*Suicide intervention training*) Yes \_\_\_\_\_ No \_\_\_\_

If ASIST Trained, do you consent to be contacted by the club should the need arise? Yes \_\_\_\_\_ No \_\_\_\_

**TO COMPLETE THE FORM PLEASE TURN OVER**

**CLONES AC SENIOR MEMBERSHIP FORM 2022**

**DECLARATION**

* I attach herewith the membership for the balance of 2022 - €30.00
* I understand the personal data on this form will be used by Clones Athletics Club and Athletics Ireland for the contractual purpose of registering (or re-registering) and maintaining my membership
* I understand that my personal data will also be used for administrative purposes to maintain my Membership including registrations, event registration, disciplinary matters, injury reports, club announcements and training updates, transfers and for statistical purposes.
* **Clones AC** takes your privacy seriously and will only use information gathered in relation to our members that meets the specific responsibilities as set out in General Data Protection Regulations. However, from time to time we would like to contact you with details of training, fixtures, events, competitions and other information regarding the club. If you consent to us contacting you for these purposes please tick to say how you would like us to contact you (Please answer YES or NO to **all** that we can use to contact you)

 **Email** **Phone** **Text** **Via An App**

* I am aware that my photograph or video image may be taken whilst attending or participating in training or competition connected with Clones Athletics Club or Athletics Ireland for items like, website, event reports, social media channels associated with the Club or Athletics Ireland. Individuals in photographs will not be named. Please answer **YES** if you consent to this?
* I understand that I can resign my Membership by writing to Clones Athletics Club or Athletics Ireland and my Personal Data will then be erased.
* I understand that the Personal Data will be retained by the Club and Athletics Ireland for such period as me membership exists and for a 3-year period after membership lapses.
* I understand that if I do not provide my Personal Data, my Membership cannot be registered with Clones Athletics Club and Athletics Ireland.
* I understand that I can withdraw my consent at any time by writing to the Club or Athletics Ireland.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Adult membership of Clones Athletics Club is* ***€30*** *for the full year 2022*

***Family membership discount:*** *Full fee for first member and €5 discount for each subsequent member.*

Membership fee covers affiliation to Athletics Ireland including insurance. The first training session attended is considered a “taster” and so membership should be paid on the second training session attended if the athlete has decided to continue.

Membership Fee payable to Club Account

**Acc No.** 28728706

**Branch Code** 903306 **IBAN:** IE 34BOFI90330628728706 BIC BOFIIE2D